

19 CV 1393v

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT
(Non-Prisoner Context)All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.1. CAPTION OF ACTION

A. Full Name of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.

Denise Edmond (Proxy)
STEVEN EDMOND JR

-vs-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.

- | | |
|---|--|
| 1. NEW YORK STATE Department of Correction, | 4. Parole officer #323 |
| 2. V. Lack | 5. Medical Director Orleans Correction |
| 3. Bakoinski | 6. Superintendent Orleans Correction |

2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT*All of these sections MUST be answered*

Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.

A. Basis of Jurisdiction in Federal Court: STEVEN EDMOND JR; Civil rights has been violated by the parties named in this court filing

State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

B. Reason for Venue in the Western District: WE PICKED THIS VENUE BECAUSE THIS IS WHERE STEVEN EDMOND RESIDE AND BIRTH PLACE

Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.

C. Nature of Suit: EXCESSIVE FORCE - 4th Amendment; CRUEL AND INHUMAN treatment 8th Amendment; FAILURE TO Diagnose and treat 8th and 14th Amendment; FAILURE TO SUPERVISE knowing diagnose of Bi-polar Schizophrenia, paranoia delusion.

4. Defendant: New York State Department of Correction

Official Position: jane Doe

Address of Defendant: 1220 Washington Ave #9, Albany NY 12226

5. Defendant: jane Doe

Official position of defendant: Medical director of Orleans correctional facility

Address of defendant: 3531 Gaines basin Rd, Albion NY 14411

6. Defendant: jane Doe

Official position of defendant: superintendent of Orleans Correctional facility

Address: 3531 Gaines basin rd., Albion NY 14411

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.Name of First Plaintiff: Denise Edmond (Proxy)Present Address: 102 Herbert StCheektowaga Ny 14225Name of Second Plaintiff: Steven EdmondPresent Address: 102 HerbertsCheektowaga Ny 14225**DEFENDANT'S INFORMATION** NOTE: To list additional defendants, use this format on another sheet of paper.Name of First Defendant: V. Lack AS of 21619Official Position of Defendant (if relevant): Offender Rehabilitation CoordinatorAddress of Defendant: 3531 Gaines Basin Rd Albion ny 14411
Orlean Correctional Facility.Name of Second Defendant: BakowskiOfficial Position of Defendant (if relevant): Supervising offender rehabilitation coordinatorAddress of Defendant: Orlean Correctional Facility3531 Gaines Basin Rd Albion ny 14411Name of Third Defendant: Parole officer #323Official Position of Defendant (if relevant): Parole OfficerAddress of Defendant: 110 E Fourth StJamestown Ny 14701

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No X

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s):

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes No

If not, give the approximate date it was resolved: _____

Disposition (check those statements which apply):

Dismissed (check the statement which indicates why it was dismissed):

- By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

- plaintiff
- defendant.

5. STATEMENT OF CLAIM

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) 2/16/2019,

defendant (give the name and (if relevant) the position held of each defendant involved in this incident) _____

U. Lock filled out paper for STEVEN EDMOND Leaving out, how Steven stayed at Steven Edmond mental Health is (knowing) because his mental Health status he was not able to consent.

did the following to me (briefly state what each defendant named above did): U.LACK by
Not labeling Steven Edmond mental Health
Status Correctly Stawan was not eligible
or/was not linked to any outside source.

V.Lack was aware of Steven hospitalization
for Bipolar schizophrenia paranoid delusion
from 8cmz on *the Oct 18, 2018, still didn't
Seek outside advocate

The federal basis for this claim is: Cruel and Inhuman treatment ^{8th Amendment}
Failure to Diagnose and treat Bipolar Schizophrenia paranoid ^{5th + 14th Amendment}

State briefly exactly what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

I would like the Courts give Stawan some relief
from parole or give him a chance with outside advocate
a chance to help him *be successful on parole
I would like the Court to reward
pain and suffering

B. SECOND CLAIM: On (date of the incident) FEB 6, 2019,

defendant (give the name and (if relevant) position held of each defendant involved in this incident) Bakowski
Knowing Stawan Edmond Medical Diagnosis, he signed
that Stawan was able to consent to his conditions

did the following to me (briefly state what each defendant named above did): by not linking
up with any outside source in the mental
Hygiene Community Bakowski denied Steven
the right to get help from any outside resource
and family to help him thru this illness

The federal basis for this claim is: Cruel and inhuman treatment ^{8th Amendment}
Failure to Diagnose and treat Bipolar Schizophrenia paranoid ^{5th + 14th Amendment}

State briefly exactly what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

I would like the Courts to find some relief for Steven
with Parole, also would like the Courts to look at
Pain and Suffering

If you have additional claims, use the above format to set them out on additional sheets of paper.

Third claim: Parole Office #323

On date: 2/8/2019

Defendant: parole officer #323

Steven Edmond was made to sign consent forms, knowing his diagnose. Then told he can't come home to buffalo and place in a hotel room in Dunkirk NY and told report in Brockport another miles apart in catatonic state away from family and friend. Where I found Steven was wondering around in this catatonic state,

Federal basis for this claim: failure to supervise knowing Bi-polar schizophrenia paranoia delusion 8th, 14th amendment

I would like the court to give Steven some relief from parole or give Steven a chance to be successful on this program by allowing friends, family and mental health that are there waiting and ready to help

Fourth claim:

On Date: Oct 18, 2019

Defendant: jane Doe

Position of defendant: Medical Director of Orleans correctional facility

Steven Edmond was hospitalize at two hospital (medina, ECMC) for a change in mental status, the family or mental hygiene was not notify about this which allow Olean correction facility cover to do what they please with Stevens mental status knowing that he is not able to speak for himself, when Steven came from ecmc, the correction facility decide to keep Steven in solitary confinement for two months, where they didn't allow anyone to see Steven ,denied Steven mental health evaluation from outside source once him came from the hospital

Federal basis for this claim: failure to diagnose and treat bipolar schizophrenia paranoia delusion 8th Amendment and 14th Amendment, failure supervise knowing illness 8th and 14th Amendment

I would the court to find some type of relief for Steven Edmond from parole or allowing him to success with the help from friends and family or an advocate form mental health, also would like the courts to look at pain and suffering

6. SUMMARY OF RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I would like the Courts to look at the Civil right Violation that Orleans Correctional Facility broke against Steven Edmond and To get him some relief from parole I would like the Courts to look at pain and suffering

Do you want a jury trial? Yes No _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Oct 15, 2019
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Denise Edmond (Proxy)
Steven Edmond Jr

Signature(s) of Plaintiff(s)

CIVIL COVER SHEET

19

CV1393

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Denise Edmond
Steven Edmond

DEFENDANTS

U. Lack, Bakowski, Parole Officer
Medical Director
Superintendent NYS Department of Correction
#323

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

(c) Attorneys (Firm Name, Address, and Telephone Number)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

PTF	DEF	PTF	DEF
Citizen of This State	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157
				PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark
				LAW <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation
				SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DJWC/DJWW (405(g)) <input type="checkbox"/> 864 SSDI Title XVI <input type="checkbox"/> 865 RSI (405(g))
				FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609
				IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions
				<input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
				<input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act

V. ORIGIN (Place an "X" in One Box Only)

- | | | | | | | |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

4th 8th 14th Amendment+

VI. CAUSE OF ACTION

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

 CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

PRO-SE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFFP JUDGE MAG. JUDGE